

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 / 524748

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		(1)				
5		(1)				
6		(1)				
7		(1)				
8		(1)				
9		(1)				
10		(1)				
11		(1)				
12	1					
13		1				
14		1				
15		1				
16	1					
17		(1)				
18		(1)				
19		(1)				
20		(1)				
21		(1)				
22		(1)				
23		(1)				
24		(1)				
25		(1)				
26		(1)				
27		(1)				
28		(1)				
29		(1)				
30		(1)				
31		(1)				
32		(1)				
33		(1)				
34		(1)				
35		(1)				
36		(1)				
37		(1)				
38		(1)				
39		(1)				
40		(1)				
41		(1)				
42		(1)				
43		(1)				
44	1					
45		1				
46		(1)				
47		(1)				
48		(1)				
49		(1)				
50		(1)				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		(1)				
52		(1)				
53	1					
54	1					
55		2				
56		1				
57		1				
58		1				
59		1				
60	1					
61		1				
62	1					
63		(1)				
64		2				
65		2				
66	1	2				
67	1					
68		(1)				
69		(1)				
70		(1)				
71		(1)				
72		(1)				
73		(1)				
74		(1)				
75		(1)				
76		(1)				
77		(1)				
78		(1)				
79		(1)				
80	1					
81	1					
82		1				
83		1				
84		1				
85		1				
86		1				
87		1				
88		1				
89		1				
90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98						
99						
100						
TOTAL IND.	20	↓		↓		↓
TOTAL DEP.	16	←		←		←
TOTAL CLAIMS	36					